

BUS DRIVER POST ROUTE INSPECTION

Vehicle _____

Month _____

Check for children																		
Harnesses straightened																		
Children's book bags																		
Lights turned off																		
All switches turned off																		
Phone taken off bus																		
Windows closed																		
Tires checked																		
No fluid leaks																		
Gas slips placed in sleeve																		
Log book secure																		
Bus cleaned																		
Gas tank filled																		
Other fluids filled																		
Emergency equipment secure																		
Outside body damage																		
Doors locked																		
Date																		
Driver's Initials																		

Comments:

I have completed the post trip inspection and have found the above items as noted in the report.

Driver's Signature _____ Date _____

Driver's Signature _____ Date _____

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